

CLAIMS ONLY

Application Number
10/649119

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/				
2	/						52	/				
3	/						53	/				
4	/						54	/				
5	/						55	/				
6	/						56	/				
7	/						57	/				
8	/						58	/				
9	/						59	/				
10	/						60	/				
11	/						61	/				
12	/						62	/				
13	/						63	/				
14	/						64	/				
15	/						65	/				
16	/						66	/				
17	/						67	/				
18	/						68	/				
19	/						69	/				
20	/						70	/				
21	/						71	/				
22	/						72	/				
23	/						73	/				
24	/						74	/				
25	/						75	/				
26	/						76	/				
27	/						77	/				
28	/						78	/				
29	/						79	/				
30	/						80	/				
31	/						81	/				
32	/						82	/				
33	/						83	/				
34	/						84	/				
35	/						85	/				
36	/						86	/				
37	/						87	/				
38	/						88	/				
39	/						89	/				
40	/						90	/				
41	/						91	/				
42	/						92	/				
43	/						93	/				
44	/						94	/				
45	/						95	/				
46	/						96	/				
47	/						97	/				
48	/						98	/				
49	/						99	/				
50	/						100	/				
Total Indep	5						Total Indep	1				
Total Depend	43						Total Depend	7				
Total Claims	48						Total Claims	8				

Best Available Copy